



Montana Legislative Council

LEGISLATIVE INTERN PROGRAM

STUDENT APPLICATION

2005 Legislative Session

Please print or type.

Name _____ Phone _____
Address _____
City, State, Zip _____
College/University _____

Class: Sophomore (2-yr institution only) _____ Junior _____ Senior _____
Subject Major: _____

Name and location of high school: _____

Have you completed at least one course of "government" or its equivalent? If yes, please specify.

Other courses relevant to the Legislative Intern Program. _____

Leadership achievements and involvement in community affairs. _____

Political party preference, if any. _____

Prefer assignment in: House of Representatives _____ Senate _____ No preference _____

Specific legislator preferred as sponsor. _____

Particular subject matter or issues of interest to you. _____

If chosen, how do you want your name to appear on your name badge?

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